FEC FORM 1

## STATEMENT OF ORGANIZATION

FORM 1		RGANIZA	IION					
		(See instruction	s)			Office use	only	
1. NAME OF COMMITTEE (in	full) X	(Check if name is changed)	Example: If typo	ying, type	12FE4N	15		
Texas 150 Fu	nd							لـــــا
				шш				لـــــا
ADDRESS (number and	street) PO B	ox 2485						لبب
(Check if add is changed)	ress Sprin	gfield			VA_	22	2152	 
			CITY		STATE		ZIP CODE .	•
COMMITTEE'S E-MA								
TexasPAC@C	concentricOffice.co	om 						шШ
								لبب
COMMITTEE'S WEB	PAGE ADDRESS (UF	RL)						
	1 1 1 1 1 1 1				111			لـــــا
Lititi					1 1 1			1
COMMITTEE'S FAX 7035699004  2. DATE  0 2	M / D D / Y	) 2008						
	ATION NUMBER		C00445379					
4. IS THIS STATE	MENT X NEW	(N) OR	AME	NDED (A)				
I certify that I have exam	nined this Statement and t	to the best of my know	ledge and belief it is	true, correct and	d complete			
Type or Print Name of	Treasurer R	obert Carlin						
Signature of Treasure	r Electronically Filed	by <b>Robert Car</b>	lin		Date (	) 2 D	<b>2</b>	<b>2</b> 0 0 8
NOTE: Submission of fa	alse, erroneous, or incomp	plete information may					.S.C. S437g.	
Office Use Only			Federal El	r information c ection Commiss 00-424-9530 694-1100			C FORN	

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	FEO <b>For</b> r	n 1 (Revised 02/2003)	Page 2				
5.	TYPE OF CO	YPE OF COMMITTEE (Check One)					
	(a)	This committee is a principal campaign committee. (Complete the candidate information below.)					
	(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)					
	Name of Candidate						
	Candidate Party Affiliatio	Office Sought: House Senate President	State District				
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.					
	Name of Candidate	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	(d)	This committee is a (National, State (or subordinate) committee of the	Democratic, Republican,etc.) Party.				
	(e)	This committee is a separate segregated fund					
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated committee.	fund or party				
6.	Name of Any	Connected Organization or Affiliated Committee					
L	None						
L							
	Mailing Addre	ss					
		CITY <b>≜</b> STATE <b>≜</b>	ZIP CODE				
	Relationship  Type of Conne	ected Organization:					
		oration Corporation w/o Capital Stock Labor Organiza	ation				
			uioi i				
	iviem	bership Organization Trade Association Cooperative					

FEC Form 1 (Revised 02/2003)	)		Page 3				
Write or Type Committee Name							
Texas 150 Fund							
	Custodian of Records: Identify by name, address, (phone number optional), and position of the person in possession of Committee books and records.						
Full Name Robert Carli	in						
Mailing Address	PO Box 2485						
	Springfield	VA	<b>22152</b>				
Title or Position ▼	CITY A	STATE <b>▲</b>	ZIP CODE A				
Custodian of Re	ecords	Telephone number					
name and address of any designment Sarli	gnated agent (e.g., assistant trea	nal) of the treasurer of the comm asurer).	ittee; and the				
of Treasurer  Mailing Address	PO Box 2485						
_	Springfield		22152				
Title or Position ♥	CITY A	STATE	ZIP CODE A				
Treasurer		Telephone number	310 6125				
Full Name of Designated Agent							
Mailing Address							
Title or Position ▼	CITY A		_				
Title of Footboll \$	CITA	OIAILA	ZIP CODE A				

FEC Form 1 (Revised 02/2003)	Page 4

9.	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, resafety deposit boxes or maintains funds.			
	Name of Bank, Depo	sitory, etc.		
	Mailing Address	Wachovia Bank, N.A.  8401 Old Keene Mill Road		
		Springfield	<b>  VA</b>     .	22152   _
		CITY 🗖	STATE 4	ZIP CODE 🛕
	Name of Bank, Depo	sitory, etc.		
	L	<u> </u>		
	Mailing Address			